## What is claimed is:

- 1. A method for treating breast cancer in a patient having a chemotherapy responsive breast cancer, comprising the steps of:
- (a) administering to the patient in a first plurality of chemotherapy cycles a therapeutically-effective and well-tolerated amount of doxorubicin, said first plurality chemotherapy cycles being administered in a dose-dense protocol;
- (b) after the completion of the first plurality of chemotherapy cycles, administering to the patient in a second plurality of chemotherapy cycles a therapeutically-effective and well-tolerated amount of a taxane chemotherapy agent, said second plurality of chemotherapy cycles being administered in a dose-dense protocol; and
- (c) after the completion of the second plurality of chemotherapy cycles, administering to the patient in a third plurality of chemotherapy cycles a therapeutically-effective and well-tolerated amount of cyclophosphamide, said third plurality of chemotherapy cycles being administered in a dose-dense protocol.
- 2. The method of claim 1, wherein the dose dense interval between treatments in the chemotherapy cycles about 14 days.
- 3. The method of claim 2, wherein the number of cycles in each plurality of chemotherapy cycles is 3 or more.
- 4. The method of claim 3, wherein the number of cycles in each plurality of chemotherapy cycles is 4.
- 5. The method of claim 4, wherein the doxorubicin is administered in an amount of 60 mg/m<sup>2</sup>.
  - 6. The method of claim 5, wherein the taxane is paclitaxel.

7. The method of claim 6, wherein the paclitaxel is administered in an amount of 175 mg/m<sup>2</sup>. 8. The method of claim 7, wherein the cyclophosphamide is administered in an amount of 600 mg/m<sup>2</sup>. 9. The method of claim 1, wherein the number of cycles in each plurality of chemotherapy cycles is 3 or more. 10. The method of claim 9, wherein the number of cycles in each plurality of chemotherapy cycles is 4. 11. The method of claim 10, wherein the doxorubicin is administered in an amount of  $60 \text{ mg/m}^2$ . 12. The method of claim 11, wherein the taxane is paclitaxel. 13. The method of claim 12, wherein the paclitaxel is administered in an amount of  $175 \text{ mg/m}^2$ . 14. The method of claim 13, wherein the cyclophosphamide is administered in an amount of 600 mg/m<sup>2</sup>. 15. The method of claim 1, wherein the doxorubicin is administered in an amount of  $60 \text{ mg/m}^2$ . The method of claim 15, wherein the taxane is paclitaxel. 16.

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The method of claim 16, wherein the paclitaxel is administered in an amount of

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175 mg/m<sup>2</sup>.

- 18. The method of claim 17, wherein the cyclophosphamide is administered in an amount of  $600 \text{ mg/m}^2$ .
  - 19. The method of claim 1, wherein the taxane is paclitaxel.
- 20. The method of claim 19, wherein the paclitaxel is administered in an amount of 175 mg/m<sup>2</sup>.
- 21. The method of claim 20, wherein the cyclophosphamide is administered in an amount of  $600 \text{ mg/m}^2$ .
- 22. The method of claim 1, wherein the cyclophosphamide is administered in an amount of  $600 \text{ mg/m}^2$ .
- 23. The method of claim 1, further comprising the step of administering to the patient a therapeutically effective amount of granulocyte colony stimulating factor (G-CSF) during the intervals between treatments in one or more of the chemotherapy cycles.
- 24. The method of claim 23, wherein the G-CSF is administered in each interval between treatments in all of the chemotherapy cycles.
- 25. The method of claim 23, wherein the dose dense interval between treatments in the chemotherapy cycles about 14 days.
- 26. The method of claim 25, wherein the number of cycles in each plurality of chemotherapy cycles is 3 or more.

- 27. The method of claim 26, wherein the number of cycles in each plurality of chemotherapy cycles is 4.
- 28. The method of claim 27, wherein the doxorubicin is administered in an amount of 60 mg/m².
  - 29. The method of claim 28, wherein the taxane is paclitaxel.

- 30. The method of claim 29, wherein the paclitaxel is administered in an amount of 175 mg/m².
- 31. The method of claim 30, wherein the cyclophosphamide is administered in an amount of  $600 \text{ mg/m}^2$ .
- 32. The method of claim 23, wherein the number of cycles in each plurality of chemotherapy cycles is 3 or more.
- 33. The method of claim 32, wherein the number of cycles in each plurality of chemotherapy cycles is 4.
- 34. The method of claim 33, wherein the doxorubicin is administered in an amount of  $60 \text{ mg/m}^2$ .
  - 35. The method of claim 34, wherein the taxane is paclitaxel.
- 36. The method of claim 35, wherein the paclitaxel is administered in an amount of 175 mg/m².

37. The method of claim 36, wherein the cyclophosphamide is administered in an amount of 600 mg/m<sup>2</sup>.

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- 38. A method for providing improved chemotherapeutic efficacy in the treatment of a patient suffering from cancer, comprising the steps of:
- (a) administering to a cancer patient in need of chemotherapeutic treatment a first plurality of chemotherapy cycles of a therapeutically-effective and well-tolerated amount of a first chemotherapy agent, said first chemotherapy agent being effective against the cancer, and said first plurality chemotherapy cycles being administered in a dose-dense protocol; and
- (b) after the completion of the first plurality of chemotherapy cycles, administering to the patient in a second plurality of chemotherapy cycles of a therapeutically-effective and well-tolerated amount of a second chemotherapy agent, different from the first chemotherapy agent, said second plurality of chemotherapy cycles being administered in a dose-dense protocol, whereby the effectiveness of the first and second chemotherapy agents are enhanced as compared to treatment with the first and second chemotherapy agents in combination and in a non-dose-dense protocol.
- 39. In a method for providing chemotherapeutic treatment to a patient suffering from cancer, said method comprising administering to the patient one or more types of chemotherapeutic agent in a plurality of treatments, the improvement wherein the amount of each type of chemotherapeutic agent used is the optimal amount, and the treatments are given in a dose-dense protocol.